

CASE REPORT

Cut Throat Injury: Homicidal or Suicidal? Crime Scene Visit Solved the Mystery

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ABSTRACT

A cut throat injury is mostly homicidal in nature. Often in homicide, bodies are found at remote places. In the present case a dead body was found in a sulabh souchalaya (public common toilet) with injury over neck. The door was semi closed due to victim's legs. Police got access to body after removal of door. Body was brought for post-mortem to government medical college Mumbai.

On autopsy examination a single incised cut throat injury of size 17x2 cm was found over anterior part of neck without hesitation cuts. All neck structures were severed which gives the first impression of homicide. Hence, one visit was arranged to the crime scene. Findings of crime scene and information obtained during police investigations clarifies complete picture. It was concluded as a case of suicide.

Cut throat injury without hesitation cuts is rare in suicidal deaths. As this is an uncommon case an attempt is made to arrive at the conclusion of causation of injuries and manner of death by detailed autopsy examination and crime scene visit and examination which gives idea about nature of crime, thus helps crime investigations.

Keywords: *Cut Throat Injury, Homicide, Hesitation Cuts, Crime Scene, Suicide*

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INTRODUCTION

Cut throat injury is incised injury over the neck, inflicted by sharp elements such as razor, knives, broken bottle pieces, glasses etc, which may be homicidal or suicidal or accidental. In case of cut throat injury there is high chance of injury to blood vessels. Death occurs due to (1) Profuse haemorrhage (2) Air embolism (3) Inhalation of effused blood. In right handed individual, the wound is marked by multiple separate tentative or hesitant cuts at the beginning and the main cut usually begins from upper part of antero-lateral aspect of left side on neck. But a determined suicide may inflict a big gapping incised wound severing completely the soft tissues of the front of neck down to the vertebral column. Absence of struggle and resistance, presence of other self inflicted injuries, evidence of suicidal intent and detection of suicidal note, etc, will point towards suicide.¹

A cut throat injury is mostly homicidal in nature. Many times in homicide, bodies are found at remote places. Suicidal incised wounds are found most commonly over the neck and are usually associated with hesitation cut wounds. The other features of self-inflicted injuries lie in the multiple, predominantly parallel nature of the wounds and, in suicidal acts; the more superficial injuries are referred to as 'hesitation' or 'tentative' injuries.² Suicidal incised wounds on the neck are usually, but not always, accompanied by hesitation marks.³

REVIEW OF LITERATURE

An incised injury over neck has special importance of its own, because of its situation and circumstances relating to it. The distinction of importance is usually between suicides or homicide, as a cut throat injury is rarely

accidental. Infliction of cut throat injury is a well recognised method of committing suicide, although the incidence has lessened much recently for less use of open razors for shaving. Light sharp cutting weapons like knife, razor blades are commonly used for the purpose. Common site of selection is upper part of neck, above the level of adam's apple.¹

Marak FK had reported one suicidal case of cut throat injury in which they found one incised wound on the left side of the neck elliptical in shape, measuring 14 x 3.5 cms in size, with red clean cut margins involving right neck muscles, vessels and thyroid cartilage. Two parallel obliquely placed subcutaneous deep incised wound (hesitation marks) was present on the right side of the neck, situated 3 cm below the angle of the mandible, measuring 8 cm in length and 0.2 mm in width with clean cut margins.⁴

Suicide by incising one's own throat without hesitation marks remains rare, and only few cases have been reported in the forensic literature. Shetty SK presented one atypical suicidal cut throat injury without hesitation cuts.⁵

CASE REPORT

An unknown body was found in a Sulabh Souchalaya (public common toilet) with injury over neck. Police considered it as a case of murder, or sodomy with murder, as the body of the unknown male was found in the toilet. Weapon used for murder was kept to side of body. Finger prints present over knife were taken by expert. His clothes were stained with blood. Pool of blood was seen around body. Identity of deceased was established from his driving licence found in his pocket. Police transferred body to Govt. medical college and hospital's post mortem centre. Deceased was a 37 year old hindu male moderately built and nourished, cold body. Rigor mortis was well developed and generalised in upper and lower limbs. Post mortem lividity was present over back and it is fixed. Eyes and mouth were open, dry blood stain trickled from left angle of mouth downwards. Dry dark red blood stains were present over anterior neck and the chest.

EXTERNAL EXAMINATION

- 1) Incised cut throat injury of size 17x2 cm present over anterior part of neck in midline above the level of thyroid cartilage and cavity deep. Margins are sharp and clean cut.
- 2) Incised wound of size 0.4x0.1 cm present over right thumb palmer aspect of proximal aspect.

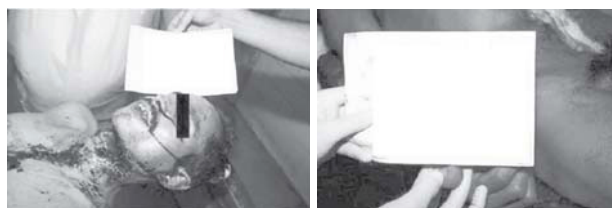


Figure 1 Margins are sharp and clean cut without hesitation cuts **Figure 2** Incised wound over right thumb

INTERNAL EXAMINATION

On dissection of neck skin, soft tissue, muscles including platysma and sternocleidomastoid on both sides were cut, larynx at third tracheal ring, oesophagus, and deeply situated carotid sheath jugular veins and carotid arteries on both sides of neck were sharply cut. Dried dark red coloured blood was seen in lumen of trachea.

Abdominal wall was intact and no free fluid in peritoneal cavity noted. Internal organs were intact and pale. Spine and spinal cord was intact with no injuries.

No under scalp injuries, no fractures of skull vault. Brain and dura was intact, brain was soft and oedematous.

Thoracic wall was intact with no rib fracture, both lungs were intact, pale and oedematous. Heart was normal in size and shape and no abnormality was detected.

Cause of death given was "Haemorrhage and shock due to cut throat injury."

(Un-Natural). Samples were preserved for chemical analysis.

OBSERVATIONS

A team of forensic expert visited the crime scene after receiving a call from police. The door was semi closed due victim's legs. Police got access to body after removing door. Deceased was lying in supine position with knees semi flexed and folded towards right side, and both arms were semi flexed. One knife and a pair of chappals (footwear) were found near body of deceased.



Figure 3 Unknown body with injury over neck and pool of blood seen around it



Figure 4 Weapon used for causing injury shows blood stains

Measurements of crime scene were as follows. The latrine was of 5 feet length x 2.5 feet breadth and 7 feet height. Door of latrine did not have locking handle from inside. The knife found near victim's legs had blood stains. The knife was of 25cm length, whose blade was of 14 cm length and 11cm wooden handle and 2cm in breadth.

Pool of blood was seen around the body in toilet. The latrine did not have a bucket inside to use. No other blood stains or other imprints were present at crime scene outside the room. The imprints stained with blood did not come out of the latrine. A bicycle was found outside the sulabh soughhalaya.

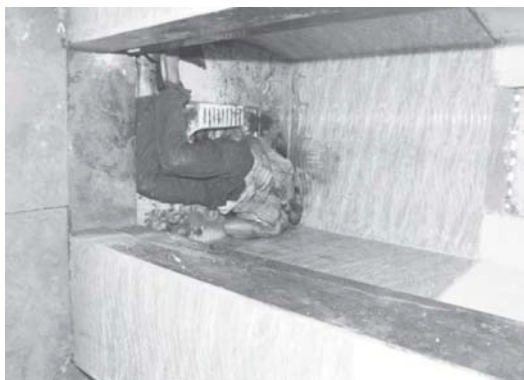


Figure 5 Blood stains or imprints not coming out of toilet

DISCUSSION

Cut throat injuries are not uncommon in our country. It is difficult task for a forensic expert to differentiate it into suicidal, homicidal or accidental case. In present case the measurements of toilet room and above all findings it was assumed that size of latrine was small so it was difficult to enter more than one person at a time. The imprints stained with blood not seen coming out of the latrine means no one came out of toilet. The latrine does not have bucket inside to use, so the deceased has not gone for using toilet. The incised wound was a single and without hesitation cuts. The knife was having very sharp edge on one side (inner) and blunt on other side (outer). It was possibility that deceased had incised his throat with sharp cutting edge.

Kundu RK in their study of cut throat injury cases found 40 (66.7%) out of total 60 cases were due to suicidal injury and 13 out of total (21.7%) were due to homicidal injury. Only 7 (11.6%) cut throat were due to accidental injury. Regarding anatomical site (Zone) of the neck involvement, 9 cases (15%) were zone I involvement, 44 cases (73.3%) were zone-II involvement and 7 cases

(11.6%) were zone III.⁶ Bhattacharjee reported twenty-six patients (13 males and 13 females) with cut throat injury were studied, and found 11 had suicidal, 11 homicidal and 4 accidental cut throat injuries.⁷

CONCLUSION

Police investigations found that the knife found at crime scene was a kitchen knife of deceased residence. Police also found that he was a right handed person and not left handed. It was possibility that the deceased held the knife in his right hand and incised his throat with sharp cutting edge. He was much determined so firmly held knife at junction of blade and handle to apply maximum force and strength to take incision over neck, while doing so he injured his right thumb. The bicycle found outside the sulabh soughhalaya (public toilet) the belonged to deceased. All the findings noted at crime scene were in favour of the possibility that deceased had committed suicide by cutting his throat.

HISTORY

History about deceased during police investigations revealed that deceased came to Mumbai from Kerala where a rape case was registered against him. Presently he was working in a food stall and transferred goods by his bicycle. He was residing with his co-workers at his owner's room. He was under depression from few days as stated by his owner in his statement given to police.

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